



**North Carolina**  
**Department of Health and Human Services**  
*Office of the Controller*

**Your Company FY 2005-2006**  
**Contracts for Direct Care**

Printed: 8/23/2006 02:08 PM

Contracts for Direct Care				Age/Disability:		H0036 HM	T1017 HI							
				Pioneer Code:	CAP-All Other	Community	Targeted							
				Medicaid:	CAP Services	Psychiatric	CaseManagement							
				Thomas S.:		Supportive Tx								
				Willie M.:		(Paraprofessional Individual), valid 7/1/05-3/19/06								
Name	Contract Affiliate Amount	Memo:Rate	Contract Total	Distributed Total										
Purchase Units														
Advancement Services	0	0	\$2,000	50	0	50	0	0	0	0	0	0	0	0
For a Break, Inc.	0	0	\$25,000	250	0	0	250	0	0	0	0	0	0	0
Lindsey & Assoc.	\$40,000	0	\$40,000	400	400	0	0	0	0	0	0	0	0	0
Totals:	\$40,000		\$67,000	700	400	50	250	0	0	0	0	0	0	0



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Contracts for Direct Care				Age/Disability: Pioneer Code: Medicaid: Thomas S.: Willie M.:		H0036 HM CAP-All Other Community Psychiatric Supportive Tx (Paraprofession al Individual ), valid 7/1/05- 3/19/06	T1017 HI Targeted CaseManageme nt							
Name	Contract Affiliate Amount	Memo:Rate	Contract Total	Distributed Total										
<b>Dollars Paid</b>														
Advancement Services	0	0	\$2,000	\$2,000	0	\$2,000	0	0	0	0	0	0	0	0
For a Break, Inc.	0	0	\$25,000	\$25,000	0	0	\$25,000	0	0	0	0	0	0	0
Lindsey & Assoc.	\$40,000	0	\$40,000	\$40,000	\$40,000	0	0	0	0	0	0	0	0	0
Totals:	\$40,000		\$67,000	\$67,000	\$40,000	\$2,000	\$25,000	0	0	0	0	0	0	0
<b>Special Adjustments and Totals</b>														
Out Of Compliance Amounts:	0		0		0	0	0	0	0	0	0	0	0	0
Other Adjustments:	0		0		0	0	0	0	0	0	0	0	0	0
Total Adjustments:	0		0		0	0	0	0	0	0	0	0	0	0
Total Reimbursement Costs - less Special Adjustments:			\$67,000		\$40,000	\$2,000	\$25,000	0	0	0	0	0	0	0

**Expense Center Summary**

6XX Contracts, Grants & Subs.: \$27,000